PAGE 1 / 12

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3			Authorized		mittee	•		Office U	se Only
NAME OF COMMITTEE (in		TYPE OR PRI	NT ▼		ample: If typin er the lines.	g, type	12FE4MS	5	
CHRIS EDWA	ARDS FO	R CONGR	ESS	1 1 1	1 1 1 1				1
I									
		PO BOX 131							
ADDRESS (number a	and street)								
Check if di than previous reported. (a	ously	LAS VEGAS	;					89112	
2. FEC IDENTIFI	CATION NU	IMBER ▼	CI	TY A			STATE		ZIP CODE
0 000000		-	0 10 7	-1.110	NIEW	,	ANAENII	DED	STATE ▼ DISTRICT
C C005116	667		3. IS T REF	PORT	NEW (N)	OR	× AMENI (A)	DED	NV 01
4. TYPE OF RE	EPORT (Cho	oose One)	(b) 12-D	av PRE -	Election Repo	ort for the:			
(a) Quarterly F	Reports:		, ,	П	Primary (12P		General (126)	Runoff (12R)
April 1	5 Quarterly F	eport (Q1)		H				,	Hulloll (12H)
July 1	5 Quarterly R	eport (Q2)		ш	Convention (12C)	Special (1	12S)	
Octobe	er 15 Quarter	y Report (Q3)	Elec	tion on	M M /	D D	/ Y Y Y Y		in the State of
X Januar	ry 31 Year-En	d Report (YE)	(c) 30-D	ay POS	T -Election Rep	oort for the	e:		
					General (30G	i)	Runoff (3	0R)	Special (30S)
Termin	ation Report	(TER)	Elec	ction on	M M /	D D	/ Y Y Y Y		in the State of
5. Covering Period	d 11	M / D D D 27	/ Y Y Y Y 2012	Y	through	M 12	M / D D /		Y Y 112
I certify that I have	examined th	s Report and	to the best o	of my kn	owledge and	belief it is	true, correct an	d compl	ete.
Type or Print Name	of Treasurer	CHRISTOP	HER EDWAR	DS					
Signature of Treasur	rer <u>CHR</u>	ISTOPHER EDW	YARDS		[Electronically l	Filed]	Date 04	/ D	²² / ²⁰¹³ / ²⁰¹³
NOTE: Submission of	f false, errone	ous, or incomp	olete informati	on may :	subject the per	son signing	g this Report to t	the penal	ties of 2 U.S.C. §437g.
Office Use Only									C FORM 3 vised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

CHRIS EDWARDS FOR CONGRESS

12 31 2012 27 2012 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 90.00 1791.45 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 90.00 1791.45 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 3554.64 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 52000.00 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 12

Write or Type Committee Name

CHRIS EDWARDS FOR CONGRESS

Report Covering the Period: From: 11 27 2012 To: 12 31 2012

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FROM:		
	(a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL of contributions from individuals	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) The Candidate	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	LOANS:		
	(a) Made or Guaranteed by the Candidate	0.00	0.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
4.	OFFSETS TO OPERATING EXPENDITURES		
	(Refunds, Rebates, etc.)	0.00	0.00
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

ursements

PAGE 4 / 12

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	90.00	1791.45
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed	00000 00	00000 00
	by the Candidate(b) Of All Other Loans	90000.00	90000.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	90000.00	90000.00
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	90090.00	91791.45
	III. CASH SU	MMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	93644.64
24	TOTAL RECEIPTS THIS PERIOD (from Line 1	6, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		93644.64
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	90090.00
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		3554.64

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

ſ		FOR LII	NE.	NUMBE	R:		PA	GE	5	OI	 F	12
	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)					×	19a			19b	
				20a		20b			20c			21
	hay not be sold or used by any person for the purpose of soliciting contributions address of any political committee to solicit contributions from such committee.											

	ny information copied from such Reports and Statements may not be sold or ur for commercial purposes, other than using the name and address of any politic							
	NAME OF COMMITTEE (In Full) CHRIS EDWARDS FOR CONGRESS							
Α.	Full Name (Last, First, Middle Initial) CHRISTOPHER EDWARDS		Date of Disbursement					
	Mailing Address PO BOX 13105		12 10 2012					
	City State Zip Code LAS VEGAS NV 89112		Amount of Each Disbursement this Period					
	Purpose of Disbursement	· · · ·	100.00 Transaction ID : SB19A.4857					
	Candidate Name CHRIS EDWARDS FOR CONGRESS	Category/ Type	Transaction ID: 3619A.4637					
	Office Sought: Senate Disbursement For: 2012							
	Full Name (Last, First, Middle Initial)							
В.	CHRISTOPHER EDWARDS		Date of Disbursement					
	Mailing Address PO BOX 13105		12 10 / Y Y Y Y					
	City State Zip Code LAS VEGAS NV 89112		Amount of Each Disbursement this Period					
	Purpose of Disbursement		1000.00					
	Candidate Name	didate Name Category/ Type Transaction ID : SB19/						
	Office Sought: Senate							
_	Full Name (Last, First, Middle Initial) CHRISTOPHER EDWARDS		Date of Disbursement					
C.	Mailing Address PO BOX 13105		12 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City State Zip Code		Amount of Each Disbursement this Period					
	LAS VEGAS NV 89112 Purpose of Disbursement		900.00					
	Candidate Name	Category/ Type	Transaction ID : SB19A.4860					
	Office Sought: Senate President State: NV District: 01 Disbursement For: 2012 Primary Other (specify)							
ļ,	SUBTOTAL of Disbursements This Page (optional)							
Г								
Ľ	TOTAL This Period (last page this line number only)							

	FOR LIN		PAGE	6	OF	12			
Use separate schedule(s)	(check o	only one)							
for each category of the Detailed Summary Page		17		18	×	19a		19b	
		20a		20b		20c		21	
ay not be sold or used by any person for the purpose of soliciting contributions ddress of any political committee to solicit contributions from such committee.									

TEMIZED DIS	BURSEMENTS	for each categor	y of the	(check only one)
Any information copie	Detailed Summar		20a 20b 20c 21 erson for the purpose of soliciting contributions	
				e to solicit contributions from such committee.
NAME OF COMMIT CHRIS EDW	TTEE (In Full) YARDS FOR CONGRESS	3		
Full Name (Last, Fi	rst, Middle Initial)			
A. CHRISTOPH	IER EDWARDS			Date of Disbursement
				M M / D D / Y Y Y Y
Mailing Address P	O BOX 13105			12 10 2012
City LAS VEGAS	State NV	Zip Code 89112		Amount of Each Disbursement this Period
Purpose of Disburs		09112		10000.00
Turpose of Biobard	omone			
Candidate Name			Category/ Type	Transaction ID : SB19A.4861
Office Sought:	House Disbursement Senate		туре	
State: NV	District: 01	ы (эреспу)		
Full Name (Last, Fi				
•	HER EDWARDS			Date of Disbursement
Mailing Address P	O BOX 13105			12 / D D / Y Y Y Y Y 1 Y 10 10 10 10 10 10 10 10 10 10 10 10 10
City	State	Zip Code		Amount of Each Disbursement this Period
LAS VEGAS	NV	89112		Amount of Each disbursement this renod
Purpose of Disburs	ement			5000.00
				Transaction ID : SB19A.4862
Candidate Name			Category/ Type	
Office Sought:	X House Disbursement Senate President Other			
	District: 01			
Full Name (Last, Fi	rst, Middle Initial) IER EDWARDS			Date of Disbursement
				M M / D D / Y Y Y Y
Mailing Address P	O BOX 13105			12 10 2012
City	State	Zip Code		Amount of Each Disbursement this Period
LAS VEGAS	NV	89112		
Purpose of Disburs	ement			73000.00
Candidate Name			Category/ Type	Transaction ID : SB19A.4863
Office Sought:	★ House Disbursement	For: 2012	71: -	
ŭ	Senate Prim			
	President Othe	er (specify)		
State: NV I	District: 01			
<u> </u>				22222 52
SUBTOTAL of Disbu	rsements This Page (optional)			88000.00
				90000.00
				30000.00

TOTAL This Period (last page this line number only).....

Use separate schedule(s)

FOR LINE NUMBER:

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DANS		Detailed Summary Pag	
AME OF COMMITTEE (In Full) CHRIS EDWARDS FOR CONG	RESS	Transac	ction ID : SC/10.4207
LOAN SOURCE Full Name (Last, First, CHRISTOPHER EDWARDS		[PERSONAL FUNDS]	Election: 2012 Primary General
Mailing Address PO BOX 13105			Other (specify) ———————————————————————————————————
City		ZIP Code	
LAS VEGAS	NV	89112	
Original Amount of Loan	Cumulative Payı	ment To Date Bala	ance Outstanding at Close of This Period 0.00
TERMS Date Incurred M01 ^M / P03 ^D / Y 2012 Y List All Endorsers or Guarantors (if any	M M / D D	ite Due Interest Rate / On Ďemand 0.00	
Full Name (Last, First, Middle Initial)	n) to Loan Source	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7 7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (option			0.00
Carry outstanding balance only to LINE 3,			ward to appropriate line of Summary

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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OF

LOANS (check only one) Detailed Summary Page Transaction ID: SC/10.4209 NAME OF COMMITTEE (In Full) CHRIS EDWARDS FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary CHRISTOPHER EDWARDS General Mailing Address Other (specify) \blacktriangledown PO BOX 13105 City State ZIP Code NV89112 LAS VEGAS Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1000.00 1000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 01 ^M ^D12 Ž012 0.00 On Demand % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER: (check only one)

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OF

for each category of the **LOANS** Detailed Summary Page Transaction ID: SC/10.4211 NAME OF COMMITTEE (In Full) CHRIS EDWARDS FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary CHRISTOPHER EDWARDS General Mailing Address Other (specify) \blacktriangledown PO BOX 13105 City State ZIP Code NV89112 LAS VEGAS Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 900.00 900.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 01^M Ž012 0.00 On Demand % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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LOANS (check only one) Detailed Summary Page Transaction ID: SC/10.4210 NAME OF COMMITTEE (In Full) CHRIS EDWARDS FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary CHRISTOPHER EDWARDS General Mailing Address Other (specify) \blacktriangledown PO BOX 13105 City State ZIP Code NV89112 LAS VEGAS Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000.00 10000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 02^M 08 Ž012 0.00 On Demand % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4212 NAME OF COMMITTEE (In Full) CHRIS EDWARDS FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary CHRISTOPHER EDWARDS General Mailing Address Other (specify) \blacktriangledown PO BOX 13105 City State ZIP Code NV89112 LAS VEGAS Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 5000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 03^M 05 Ž012 0.00 On Demand % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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LOANS (check only one) Detailed Summary Page Transaction ID: SC/10.4213 NAME OF COMMITTEE (In Full) CHRIS EDWARDS FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary CHRISTOPHER EDWARDS General Mailing Address Other (specify) \blacktriangledown PO BOX 13105 State ZIP Code City NV89112 LAS VEGAS Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 125000.00 73000.00 52000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 03^M ^D29^D Ž012 0.00 On Demand % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 52000.00 TOTALS This Period (last page in this line only) 52000.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.